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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

BENTLEY SYSTEMS FEDERAL PAC

ADDRESS (number and street) 685 STOCKTON DRIVE

(Check if address is changed)

EXTON CA 19341-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

610-458-2869

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JAMES R. FRICK

Signature of Treasurer James R. Frick Date 05 06 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FEM1H02.PDF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ✓ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

(c) N/A This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) ✓ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

BENTLEY SYSTEMS INCORPORATED

Mailing Address 685 STOCKTON DRIVE

EXTON PA 19341-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

✓ Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: MAURA L DILLON

Mailing Address: C/O BENTLEY SYSTEMS INCORPORATED
685 STOCKTON DRIVE
EXTON PA 19341-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER Telephone number 610-458-2609

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: JAMES R FRICK

Mailing Address: C/O BENTLEY SYSTEMS INCORPORATED
685 STOCKTON DRIVE
EXTON PA 19341-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 610-458-5000

Full Name of Designated Agent: MAURA L DILLON

Mailing Address: C/O BENTLEY SYSTEMS INCORPORATED
685 STOCKTON DRIVE
EXTON PA 19341-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER Telephone number 610-458-2609

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds

Name of Bank, Depository, etc.

COMMERCE BANK/PENNSYLVANIA, NA

Mailing Address 2005 MARKET STREET

PHILADELPHIA PA 19103-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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(5/2004)